

(ORIG) 10128433

CTEH	CHAIN OF CUSTODY	LABORATORY INFORMATION				COC #									
		Pace Analytical Services		Phone: 612-607-6351		SHIPMENT INFORMATION									
		1700 Elm St Suite 200		Fax:		Shipment Method:									
		Minneapolis, MN 55414				Shipment Tracking No:									
CLIENT PROJECT INFORMATION		Proj. State: LA		CTEH PROJECT INFORMATION		Project #: 4975-2									
Client Project Number: 4975-2		Proj. City: Houma		Office Location: Little Rock		PM: Randall Woodlee									
Project Name: Transocean Spill Response				Address: 5120 North Shore Dr		Email: rwoodlee@cteh.com									
Client Contact: Contact R. Woodlee		Lab Work Order?:		City, State, Zip: N. Little Rock, AR		Phone: 615-210-1270 Fax:									
Turnaround Time: <input checked="" type="checkbox"/> 1 Day Rush ASAP <input type="checkbox"/> 2 Day Rush <input type="checkbox"/> 3 Day Rush		<input type="checkbox"/> Standard 6-13 Days Specify # Days <input type="checkbox"/> Standard 14 Days <input type="checkbox"/> Other		Preservative Codes: 3 = Sulfuric Acid 0 = No Preservative 1 = Hydrochloric Acid 2 = Nitric Acid		Note Pres. Code									
Deliverables: <input type="checkbox"/> Standard (Level II) <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV To Follow		<input type="checkbox"/> Other Deliv: <input type="checkbox"/> EDD Required, Format:		Matrix Codes: SO = Soil GW = Groundwater WW = Waste Water SW = Surface Water		LIQ = Liquid SL = Sludge OI = Oil SOL = Other Solid									
SAMPLE INFORMATION						METHODS FOR ANALYSIS									
Sample Identification		Containers Number & Type	Sample Collection Date	Time	Sampler	Filtered Y or N	Type Comp or Grab	Matrix Code	TD-15 + TTCs		Total Hydrocarbon		COMMENTS		LAB USE
Q4GM0509AIR001		1 6L Gamma	5/9/10	1432	RW	N	G	A	x	x				A285	001
Q4GM0509AIR002		1 6L Gamma	5/9/10	1527	SS	N	G	A	x	x				A829	002
B0GM0509AIR001		1 6L Gamma	5/9/10	1620	RW	N	G	A	x	x				A662	003
B0GM0509AIR002		1 6L Gamma	5/9/10	1742	GM	N	G	A	x	x				A223	
Relinquished By: Randall Woodlee		Date Time: 5/10/10 0815	Received By: Kelly W. Pace		Date Time: 5/10/10 4:16	Comments & Special Analytical Requirements:									
Relinquished By: [Signature]		Date Time: 5/10/10	Received By: [Signature]		Date Time: 5/10/10 1042										
Relinquished By: [Signature]		Date Time:	Received By:		Date Time:										
Received By Laboratory:		Date Time:	Lab Remarks:		LAB USE: Custody Intact <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Custody Seal #		LAB Log Number						



Sample Condition Upon Receipt

Client Name: CTEHProject # 10128433Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☒ Commercial ☐ Pace Other _____Tracking #: 70569295Custody Seal on Cooler/Box Present: ☒ yes ☐ no Seals Intact: ☒ yes ☐ noPacking Material: ☒ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other _____ Temp Blank: Yes _____ No X N/AThermometer Used 80344042 or 179425Type of Ice: Wet Blue None ☐

Samples on Ice, cooling process has begun

Cooler Temperature N/A - ambient

Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: _____

Temp should be above freezing to 6°C

Comments: _____

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. <u>Same day</u>
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<u>Non-Pace canisters</u>
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix:		
All containers needing acid/base preservation have been checked. Noncompliance are noted in 13.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, Oil and Grease, WI-DRO (water):	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: CDMDate: 5/10/10